



FY 2005
Emergency Shelter Grant Program
Application for Funds

General Information		
Name of Applicant/Organization:		
General Information		
Name of Applicant/Organization:		
Contact Person (Name and Title):		
Address:		
Phone:	Fax:	E-mail:
Project Information		
Project/ Program Name:		
Project Address:		
Amount of ESG funds requested:	\$	
Number of clients to be served:		
Number of meals and shelter:		
Brief Summary of Proposed Project (limit response to the space provided below)		
Need/Problem to be Addressed (limit response to the space provided below)		

The undersigned certifies the information contained herein is true, correct and complete to the best of his/her knowledge and belief. The applicant further understands that the application is request and there is no guarantee, expressed or implied that funds will be provided to the applicant. All organizations awarded federal funds will be subject to federal and local regulatory compliance.

Signature

Date

Eligibility Checklist:

- ☐ The agency is either a city department or an existing 501(c) private, non-profit organization; have an accounting system and a voluntary board, and practices nondiscrimination in the provision of assistance?
- ☐ For more than one year, the agency has operated a facility to provide temporary or transitional shelter for the homeless persons.
- ☐ The agency is applying for funds to rehabilitate or convert a building for use as emergency or transitional shelter, to pay for certain operating expenses and essential services in connection with emergency shelters for the homeless and/or for homeless prevention activities.
- ☐ The agency is either a secular organization, or meets the criteria of Section 24 CFR 576.23 for primarily religious organizations.
- ☐ The agency is able to provide \$1 of local matching funds for every \$1 of ESG funds received in accordance with Section 24 CFR 576.51.

NOTE: If the agency is unable to meet each of the five eligibility criteria listed above, the particular program is not the correct funding source for the proposed activity. If the agency is able to meet each of the criteria, continue with completing the application provided below.

Activity Description

1. Is this application being submitted as part of a collaborative of agencies?
 - ☐ Yes, include a letter documenting joint participation.
 - ☐ No
2. Type of activity to be funded (check one or more of the following):
 - ☐ Payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings. (Not more than 10% can be spent for staffing.)
 - ☐ Renovation, major rehabilitation, or conversion of buildings for use as emergency shelters for the homeless.
 - ☐ Homeless prevention activities.
 - ☐ Provision of essential services by governmental agency.
 - ☐ City government administration.

3. Which of the following best describes your facility:
 - ☐ Emergency Shelter
 - ☐ Transitional Living Facility
 - ☐ Other
4. Describe precisely what the ESG funds will be used for (i.e., new construction, repairs and maintenance, utilities, insurance, etc.).
5. Describe the location(s) where the activity is to take place and the length of time the agency has operated at this location(s). *If confidential, please indicate on a separate sheet and mark the sheet confidential. (Confidential material will not be distributed for the hearing. The information will only be used to substantiate the existence of the facility.)*
6. Describe what the agency is intending to accomplish with the activity, and/or document the need that the agency is trying to address by the activity and the benefit to the Fresno community as a whole or to a specific neighborhood.
7. Briefly tell us about your organization (e.g., year of incorporation, mission, how the activity will further your agency's objective). *Your agency must be a certified nonprofit at the time of application. Attach proof of your non-profit 501(c) status with the IRS. Demonstrate your capacity to accomplish the project by providing a description of similar projects that you have completed and the role that you and/or your agency played in the project. Also include a copy of your budget and tell us about your organizational capacity to handle federal accounting and monitoring requirements.*

8. Who are your primary clients check the most appropriate box(es)

- ☐ Homeless men
- ☐ Homeless women
- ☐ Homeless families
- ☐ Runaway or abused youth
- ☐ Spousal abuse
- ☐ Persons with drug or alcohol problems
- ☐ Veterans
- ☐ Persons with physical disabilities
- ☐ Persons with emotional disabilities
- ☐ Other

9. Annual accomplishments:

Number of Persons served _____ Number of meals provided: _____

Number of shelter nights provided: _____

(Note: Use a maximum of 80% of last year's actual numbers. Fourth quarter payments may be reduced if the goals for meals and shelter nights are not within 15% of first three quarters. Site visits will occur if the goals are not met for two successive quarters.)

Above data is for: January 2003 - December 2003: _____
July 2002 - June 2003: _____

Which of the following is true for the coming program year?

- ☐ The funding requested will maintain existing levels of services provided by the previous year's (FY 2003-2004) ESG Grant.
- ☐ The funding requested will expand services provided by the agency.
Describe specifics on a separate sheet.

10. Is religious instruction, religious counseling or mandatory church attendance required of clients participating in your program?

Yes ____ No ____

11. Additional information, where applicable

Property Rehabilitation: *If the activity involves property rehabilitation, attach proof of ownership such as preliminary title report, assessor tax bill or deed.*

D. Activity Funding (Note: Staff may add to the funding request for environmental work.)

Amount of ESG Funds Requested \$ _____

Applicant's Match (Required minimum 50%) \$ _____

Sources of match: _____

Total Cost of Activity \$ _____

Additional Information:

- ☐ Cost Breakdown: Attach a detailed cost breakdown for the activity. (For construction activities, include engineering costs. Note: Federal activities are subject to prevailing wages. Construction activity estimates must reflect these increased costs.)
- ☐ Status of Funding: Attach documentation on the status of applicant's funds for the project.
- ☐ Accessibility: Describe any features that will make the project/facility more accessible to people with disabilities, if applicable. If not, explain how the facility is currently accessible to people with disabilities, if applicable.
- ☐ Partial Funding: Can the activity proceed with partial funding by the City?
 - ☐ Yes
 - ☐ No

If the project can proceed with partial funding, what is the minimum amount the applicant will accept. Describe the impact on the activity if the project was partially funded? If your request is approved at a lesser amount, indicate which are your highest priority items.

- ☐ Prevailing Wages: If a construction activity exceeds \$2,000, your project may be subject to federal prevailing wages. Do your estimates reflect this requirement?
- ☐ Lead Based Paint Abatement: Does your facility meet the federal requirements for lead-based paint abatement? If so, attach a certification of compliance. Facilities exempted from this requirement include "any residential dwelling which the living areas are not separated from the sleeping area." This includes efficiencies, studio apartments, dormitory or single room occupancy housing, military barracks, and rentals of individual rooms in residential dwellings. Single room occupancy housing does allow for food preparation and sanitary facilities or both. Group homes are exempt if they consist of "rentals of individual rooms in residential dwellings."

E. Activity Schedule (Assume final approval as of July 1, 2004)

Start Date: _____

Estimated time to complete the activity: _____

Additional information: For construction activities, include other significant benchmarks such as completion of the design work & award of construction. For acquisition activities, include when an option to purchase is/was made and when escrow is expected to close.

F. Citizens Participation

Activity proposals should include evidence of city support for activity.

- 1. Include documentation of support for the proposal such as meeting minutes, letters, and petitions (maximum of 5).*
- 2. What other agencies have you coordinated with regarding this application? Include letters of support. Does this proposed service duplicate other efforts?*